

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	R.M		10-11-01
<b>O.I.P.E. CLASSIFIER</b>	12	842	10/13
<b>FORMALITY REVIEW</b>	MS		11/18/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	01
Original	01
1 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

10/20  
11/01